IDAHO STATE BOARD OF COSMETOLOGY

Bureau of Occupational Licenses 1109 Main Street, Suite 220 Boise, Idaho 83702-5642

cos@ibol.state.id.us

STUDENT REGISTRATION FORM

Complete this form by providing (please print) the requested information and submit it to the address noted above. The signatures of the applicant and school agent must be notarized and the fee (\$20.00) must be attached. Returned checks are subject to a \$20.00 collection fee.

NOTE: THIS COMPLETED FORM MUST BE SUBMITTED TO THE BUREAU OFFICE WITHIN FIVE (5) DAYS OF THE APPLICANT'S FIRST DAY OF TRAINING (Rule 500). As noted in § 54-816, Idaho Code, the board may either refuse to issue or renew, or may suspend or revoke, a permit or license for any of the following causes: The conviction of a felony; Malpractice or incompetence; Continued practice by a person knowingly having an infectious or contagious disease; False or deceptive statements in advertising; Habitual use of habit-forming drugs; Immoral or unprofessional conduct; Submitting a fraudulent application or obtaining a license or permit through fraud; The violation of any other provision of the cosmetology laws or rules.

I hereby submit my application to be registered as []Cosmetology []N in the State of Idaho under the provisions of Title 5	Vail Technology []Esthetics []	Electrology	
1. Full Name (Mr., Mrs., or Ms.)			
2. Address of Record			
(The above address is public record) Street	City	State	Zip
3. Mailing address			
(The above address is not public record) Street	City	State	Zip
4. Place of Birth city & state	Date of Birth		/
(Proof of being 16 ½ years of age must be provide or valid driver's license is acceptable.)		•	•
5. SS # Home phone numb	ber () E-mail		
6. Do you have at least a tenth (10th) grade educ (Proof of education must be provided to the school		[] Ye s, GED, or CPA	
7. Name of Cosmetology school you will attend	l and date training will begin:		
Name of school		Date training b	pegins
8. Have you ever been convicted of any State of (If yes, please attach a detailed statement, includin documentation, and any other relevant information	g a summary of the charges, the final order, any	[]Yes	
9. Have you received prior cosmetology trainin (If yes, please attach the name of the school you at	0	[] Ye syou attended.)	s []No
10. Are you or have you ever been licensed in a (If Yes, certified documentation must be received)	•	[]Yes	s []No

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11. Have you ever had a license revoked, suspended, or otherwise sanctioned in Idaho or elsewhere? []Yes []No (If yes, please attach a detailed statement, including a summary of the charges, the final order, and any other relevant information.)

APPLICANT AFFIDAVIT

I hereby certify under oath that I have reviewed the requirements for training and understand that I may not practice independently and must receive all training under the immediate personal supervision of a licensed instructor. I further certify that I do not have any infectious or contagious disease which may pose a threat to the general public and that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I hereby authorize and direct any person, agency, firm, or other entity to release to the Bureau of Occupational Licenses or

I hereby authorize and direct any person, agency, firm, or other entity to release to the Bureau of Occupational Licenses or its identified agent any and all information, communications recommendations, reports, records, statements, or disclosures, whether public, privileged or confidential, that may relate to my professional qualifications or credentials or that may have bearing on my eligibility for licensure.

		Signature of applicant
State of	, County of	, ss, 20
Subscribed and s	sworn before me this	_ day of, 20
(seal)		
		Notary Public official signature
		my commission expires
		SCHOOL AFFIDAVIT
and must receive agree to comply requirements ma I further certify knowledge and b I certify that I ar days of beginnin	e all training under the im with all Cosmetology law y result in action against an that the information providual belief. In an agent of the aforement g his/her training. I further	ents for training and understand that a student may not practice independently mediate personal supervision of a licensed instructor. I further certify that I was and rules concerning training and that any failure to comply with those may personal or facility license I may hold. ded on and attached to this application is true and accurate to the best of my nationed school and that the named applicant is being registered within five (5) certify that I have received and have on file acceptable documentation that the and that the applicant has met the 10 th grade education requirement.
		Signature of school agent
State of Subscribed and s	, County of	, ss, 20
(s	eal)	Notary Public official signature

my commission expires